

MAR. 11. 2005 2:01PM

DYNEON LEGAL¹ B - FEE(S) TRANSMITTAL

NO. 1324 P. 2

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PO BOX 33427
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03/11/2005 MGBREM2 00000041 133723 10627430

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Carol Decaire (Depositor's name)
Carol Decaire (Signature)
March 11, 2005 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/627.430	07/25/2003	Harald Kaspar	57982US004	2341

TITLE OF INVENTION: FLUOROELASTOMER COPOLYMER BASED ON TETRAFLUOROETHYLENE, CHLOROTRIFLUOROETHYLENE, HEXAFLUOROPROPYLENE AND VINYLIDENE FLUORIDE

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$1700	03/29/2005

EXAMINER	ART UNIT	CLASS-SUBCLASS
HU, HENRY S	1713	526-249000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

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(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. Brian E. Szymanski

2.

3.

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

3M INNOVATIVE PROPERTIES COMPANY

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

St. Paul, Minnesota 55133-3427

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☐ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

☒ Issue Fee☒ Publication Fee (No small entity discount permitted)☒ Advance Order - # of Copies 3

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☐ A check in the amount of the fee(s) is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 13-3723 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

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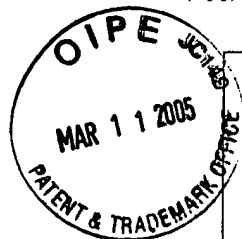
Typed or printed name Brian E. Szymanski

Date March 11, 2005

Registration No. 39,523

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FACSIMILE TRANSMITTAL FORM

FACSIMILE TRANSMITTAL FORM	Application Number	10/627430
	Filing Date	July 25, 2003
	First Named Inventor	Kaspar, Harald
	Art Unit	1713
	Examiner Name	Hu, Henry S.
Fax: 703-746-4000	Attorney Docket Number	57982US004
Total Number of Pages in This Submission: 3		
Date: March <u>11</u> , 2005	Attorney for Applicant: Brian E. Szymanski	

ENCLOSURES

(check all that apply)

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<input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/Declaration(s)	<input type="checkbox"/> Petition to Convert a Provisional Application	<input type="checkbox"/> Appeal Communication to Technology Center (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Proprietary Information
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<input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR § 1.52 or 1.53	<input type="checkbox"/> Request for Refund <input type="checkbox"/> Request for Continued Examination (RCE) Transmittal	
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